Technical Support Visit to Karas Region and Keetmanshoop Hospital Pharmacy, Namibia, December 16–17, 2004: Trip Report

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About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral [drug]
CMS	Central Medical Stores
DCC	District Coordinating Committee
EPI	Expanded Programme on Immunization
HIV	human immunodeficiency virus
MoHSS	Ministry of Health and Social Services
PA	Pharmacist's Assistant
PHC	primary health care
PMO	Principal Medical Officer
RMT	Regional Management Team
RPM Plus	Rational Pharmaceutical Management Plus [Program]
SOP	Standard Operating Procedure
TC	Therapeutics Committee
USAID	U.S. Agency for International Development

BACKGROUND

The Rational Pharmaceutical Management Plus (RPM Plus) Program of Management Sciences for Health has received funds from the U.S. Agency for International Development (USAID)/Namibia under the President's Emergency Plan for AIDS Relief to provide technical assistance to Namibia's Ministry of Health and Social Services (MoHSS), with the goal of strengthening the pharmaceutical management system to support the scale-up and expansion of HIV/AIDS programs.

In November 2003, RPM Plus conducted an assessment of the national capacity for overall pharmaceutical management. The findings and recommendations of the assessment were presented to the management of MoHSS, which endorsed the implementation of a comprehensive program to strengthen the pharmaceutical sector on the basis of the recommendations. RPM Plus conducted a workshop in March 2004 that was aimed at identifying interventions needed to achieve the goal of strengthening the pharmaceutical sector. At the workshop three objectives for strengthening the sector were identified. One of the objectives is to strengthen HIV/AIDS-related pharmaceutical care and commodity management services and rational use of medicines at the health facilities.

The visit to the Karas Region is part of the RPM Plus technical assistance to MoHSS aimed at strengthening the country's pharmaceutical management systems to support the scale-up and expansion of HIV/AIDS programs. The visit was prompted by the request from the Karas Regional Management Team for the Pharmaceutical Services Division to send a pharmacist to conduct interviews for the posts of Regional Pharmacist, Regional Environmental Health Officer, and Keetmanshoop Senior Pharmacist's Assistant.

Keetmanshoop District Hospital is one of the three district hospitals in the Karas Region of southern Namibia. The pharmacy is currently manned by one pharmacist, one pharmacist's assistant, one work hand, and one cleaner. The pharmacy serves both in- and outpatients; an average of 70 outpatients are seen per day. The pharmacy also supplies stock to five clinics and two health centers in the district.

The hospital started providing antiretroviral therapy (ART) in September 2003. Staffing at the ART center includes one medical doctor, two registered nurses, one pharmacist, and a data clerk. Patients are evaluated in rooms in one of the wards and their medication is dispensed at the hospital pharmacy.

Purpose of Trip

The purpose of the visit was to provide supervisory and technical support to the Keetmanshoop Hospital and assist in conducting interviews for the posts of Regional Pharmacist, Regional Environmental Health Officer, and Keetmanshoop Senior Pharmacist's Assistant. The trip was undertaken by Jennie Lates, Pharmaceutical Management Adviser, and Dawn Pereko, Senior Program Associate.

Scope of Work

The scope of work was as follows—

Ms. Lates, Chair, conduct interviews for the following posts:
Senior Pharmacist's Assistant, Keetmanshoop Hospital
Regional Pharmacist 3B L3, Karas
Control Environmental Health Officer, 3B L2, Karas Region
Conduct supervisory/support visit to the Keetmanshoop District Hospital Pharmacy
Conduct supervisory/support visit to the Karas Regional Pharmacist

Mrs. Pereko
Discuss patient registers, reporting documents, and dispensing issues
Collect existing forms and Standard Operating Procedures (SOPs)
Undertake support visit to the Keetmanshoop District Hospital Pharmacy
Undertake support visit to the Karas Regional Pharmacist
Arrival and departure briefing sessions with Principal Medical Officer

ACTIVITIES

Interviews

Ms. Lates chaired interviews for the positions of Senior Pharmacist's Assistant for the Keetmanshoop District and Regional Pharmacist (3B L3) and Control Health Inspector for the Karas Region. One person was interviewed for each position. This activity took up the entire morning of Thursday, December 16, 2004.

Supervisory/Support Visit to the Keetmanshoop Hospital Pharmacy

The supervisory visit was conducted on the afternoon of Thursday, December 16, 2004, by Ms. Lates, with collaboration from the Pharmacist's Assistant (PA), Ms. S. Eixas; the pharmacy work hand; and the Regional Pharmacist. The Regional Pharmacist is based in Keetmanshoop and therefore oversees the running of the pharmacy as well as other regional pharmaceutical services. However, the Pharmacist's Assistant is responsible for the day-to-day running of the pharmacy. The MoHSS Hospital Supervision Checklist was used to guide the supervision. See Annex 3 for the details of findings made during the visit. The main findings are summarized below.

Stock control is managed well in this hospital. All types of pharmaceutical and related supplies have stock cards that are regularly updated. A spot check of 30 stock cards revealed that 63 percent of the stock card balances corresponded with physical counts, and 80 percent were within 10 percent of the actual stock on hand. The Keetmanshoop Hospital Pharmacy keeps a large stock because it acts unofficially as a regional store, supplying Luderitz and Karasburg Districts with interim orders.

Schedule 7 medicines are stored in a locked cupboard and the key is kept by the Regional Pharmacist. Stock balances were checked and all but one item were accurate; the stock card balance for methadone syrup was approximately 40 ml over the stock on hand. The Regional Pharmacist was advised to review the issues for this item and correct the records. In the absence of the Regional Pharmacist, the PA holds the key to the Schedule 7 medicines cupboard. The Regional Pharmacist was advised that the PA is not legally permitted to be responsible for Schedule 7 medicines; therefore, in the absence of a pharmacist the Principal Medical Officer (PMO) should keep custody of the Schedule 7 medicines cupboard key.

The emergency pharmacy is located in the Casualty Department and is not kept locked during the normal working hours of the pharmacy because the wards' Schedule 7 medicines cupboard is located in the emergency pharmacy. This situation poses a problem because sometimes medicines from the emergency pharmacy are used when the normal pharmacy is open.

Expanded Programme on Immunization (EPI) **vaccines** are kept in the main cold room along with other items that require refrigeration because the dedicated EPI refrigerator is out of order. The temperature of the cold room is not monitored regularly. Vaccine monitor cards are not kept

with the vaccines either in storage or in transit because the monitor cards are not supplied by the Central Medical Stores (CMS).

Expired medicines are removed from the shelves, recorded in the expired medicines register book, and destroyed by incineration approximately three times a year.

Supervision of Clinics and Health Centers

The PA does not conduct regular monitoring and supervisory visits to the primary health care (PHC) facilities in the district. This situation is attributed to the shortage of staff to run the pharmacy in the absence of the PA and to lack of transport to visit the facilities. It has been noted that nurses from the town clinic frequently do not make appropriate annotations on prescriptions when dispensing medication to the patient. Sometimes items are ticked as dispensed at the clinic when they were not issued, and the nurses rarely write the quantity that they have dispensed or sign the prescription as a dispenser. Another problem noted from the town clinic is that when a child is prescribed antibiotic syrup, the clinic nurses do not supply more than 100 ml of syrup even if the full course is more than 100 ml. This practice is dangerous because it will lead to increased antibiotic resistance in the community as well as treatment failure in the individual patient.

Therapeutics Committee

The district does not have an active Therapeutics Committee (TC) because the sole PA does not have time to act as secretary to the TC as well as attend to other duties.

Prescribing Habits

Often, prescriptions are written without noting a diagnosis on the prescription. This omission makes it impossible for the pharmacy to determine the appropriateness of the prescription and offer adequate counseling. Pediatric prescriptions from the children's ward often do not indicate the age or weight of the patient. Medicines prescribed for inpatients and issued from the pharmacy are sometimes not administered to the patients by the nursing staff.

Human Resources

Despite shortage of staff, the pharmacy department runs smoothly because the work hand allocated to the pharmacy is exceedingly bright and capable. He has been trained to do many different tasks, well above the level expected of a work hand. However, he does not have his Grade 12 certificate and so cannot apply for the Pharmacist's Assistants course at the National Health Training Centre. The Regional Pharmacist was informed of a distance training course run from South Africa that is fully accredited by the Namibian Pharmacy Council, which admits students with Grade 10 or above and so was suitable for the work hand. The cleaner allocated to the pharmacy is also of great assistance, again carrying out duties far beyond the responsibilities of a cleaner.

Supervisory/Support Visit to the Karas Regional Pharmacist

The Regional Pharmacist, Mr. A. Anderson, is based in the Karas Regional Management Team Offices behind Keetmanshoop Hospital. He divides his time between the office and the pharmacy. He is a fully integrated member of the Regional Management Team (RMT). The supervision of the Regional Pharmacist was done using the Regional Pharmacist Supervisory Checklist (see Annex 4 for details). Below is a summary of the most important topics discussed.

Supervision of District Hospital Pharmacies

The Regional Pharmacist last made a supervisory/monitoring visit to Luderitz and Karasburg Districts in August 2003. Because no transport was available for the RMT to conduct supervision, no visits had been conducted in 2004.

Stock Control

All interim orders from Karas Region are placed by the Regional Pharmacist, who also reviews all scheduled orders placed by the district pharmacies with the CMS. This system enables the Regional Pharmacist to redistribute any short-dated or excess stock around the region, leading to a low wastage rate of 0.36 percent. The main problem encountered by the region is the lack of transport to collect interim orders from the CMS. Regular orders are delivered by CMS, eliminating the problem of transportation.

Attempts have been made to introduce stock cards in all clinics and health centers, including running specific workshops for staff of PHC facilities. Unfortunately, the exercise has not been successful because the stock cards are not used properly in any of the clinics or health centers. A combination of factors has caused this problem: lack of dedicated pharmacy staff in these health facilities, nurses not wanting to do pharmacy work, turnover of staff members who have been trained, and failure of workshop attendees to implement necessary changes in their workplace.

Clinics order stock on a “clinic order sheet” from the district hospital. The order sheet does not make provision for recording stock on hand. It was recommended that the order sheets be revised to include three columns per order: the first column should be filled in by the clinic nurse with the stock on hand; the second column, also filled in by the nurse, should state the quantity ordered; and the last column should be completed by the pharmacy with the quantity issued. The clinic nurses should be trained to do a complete stock take before placing an order to the district pharmacy. In this way the PAs can judge the appropriateness of the order without physically visiting the health facility.

Expenditure Control

Supplies received from CMS are not always checked against the delivery note. When large discrepancies are noted the CMS is informed. The Regional Pharmacist was informed of the new CMS system, requiring that all delivery notes be checked on receipt of goods and a copy returned to CMS within two weeks before the invoice is issued. The invoices from the CMS are forwarded to the finance section of the RMT. Feedback is not routinely given to the districts

regarding their pharmaceutical expenditure. The Regional Pharmacist was advised to initiate a system of giving summary expenditure data to each district once a month. The Regional Pharmacist does not have access to a computer and hence does not conduct analysis of regional pharmaceutical expenditure or performance. Electronic invoices[1] are shortly going to be supplied from CMS, which will enable regional pharmacists with computer facilities to readily analyze pharmaceutical expenditures. It is strongly recommended that the Regional Pharmacist be given ready access to computer facilities in order to facilitate his daily work.

Discuss ARV Documentation and Dispensing Issues

Patient Records

Up until November 2004, the pharmacy experienced problems in monitoring adherence and tracing defaulting patients. A patient follow-up register has been designed to help alert the ART team of patients expected at any given time. The plan is to assign someone to contact the patients a week before their follow-up date to remind them of their upcoming follow-up visit.

Although the follow-up register is helpful for easy identification of patients who have missed their appointments, it does not give any other information regarding the patient and does not allow for monitoring of the patient's treatment (adherence, side effects, drug interactions, etc.). The draft Patient Dispensing Record form was discussed with the team. The lack of a private area that can be used for patient counseling makes it difficult to adequately counsel and monitor patients. Renovations for a pharmacy dispensing room are, however, under way.

Another concern of the ART team was the lack of a basic method of monitoring adherence Some recommendations were made on the subject, including conducting regular pill counts at every visit (especially at the beginning of treatment) and requiring patient self-evaluation, where patients are made to explain how they take their medication (number of tablets taken for each medicine, how often taken per day, and at what times—and if any doses were missed, how often and the reason for missing doses). Detailed SOPs and a training program are being developed by RPM Plus in collaboration with the Pharmaceutical Services Division that will address some of these concerns.

Another concern was that pharmacy records did not match the registration records (i.e., some patients who appear on the clinic register were not found on the pharmacy records and yet are receiving medication). This problem was discussed with the Regional Pharmacist, who was aware of the problem and has put measures in place to address the issue. Continuous monitoring is required to ensure that pharmacy records are accurate.

Consumption Records

The stock cards serve as the basis to determine the consumption of each item. The stock cards are well kept and updated regularly. The ARV Monthly Report Form was discussed and left with the Regional Pharmacist.

[1] Information provided by the Chief Pharmacist, CMS, to the Monthly Divisional Management Meeting.

Other

The pharmacy lacks tablet-counting trays and spatulas needed for preparing topical preparations.

Collect SOPs and Forms That Are Currently in Use

There are currently no SOPs developed for the pharmaceutical management of ART in Keetmanshoop Hospital.

Debriefing Session with Principal Medical Officer

Mrs. Pereko and Ms. Lates met jointly with Dr. D. E. Adigwe, Principal Medical Officer, Keetmanshoop District, to provide feedback on the major findings made during the visit and to discuss some improvements that can be made. The following areas were focused on: how the PA can supervise district PHC facilities, the importance of having an active Therapeutics Committee, prescribing habits in the district, and legal responsibilities for handling Schedule 7 medicines. See Recommendations for further discussion of improvements that were suggested.

COLLABORATORS AND PARTNERS

Hospital management	
Dr. D. E. Adigwe	Principal Medical Officer
ART Team	
Ms. V. Shililifa	Antiretroviral Data Clerk
Ms. C. Mubekapi	Registered Nurse
Ms. T. Ngodji	Registered Nurse
Dr. T. Chivonivoni	Medical Officer
Pharmacy	
Mr. A. Anderson	Regional Pharmacist
Mr. K. F. Steinhausen	Pharmacist (in charge of ART)
Ms. S. O. Eixas	Pharmacist's Assistant

RECOMMENDATIONS

1. Receipt of goods from CMS

All goods received from CMS should be checked against the Delivery Note and discrepancies noted on the Delivery Note. A copy of these marked Delivery Notes should be returned to CMS within two weeks in order for CMS to invoice the district appropriately.

2. Control of Schedule 7 medicine cupboard

In the absence of the Regional Pharmacist or Pharmacist responsible for ART, the key to the Schedule 7 medicine cupboard should be kept by the PMO or another delegated medical officer and not the Pharmacist's Assistant.

3. Emergency pharmacy

The wards' Schedule 7 cupboard should be moved to another location and the emergency pharmacy kept locked during normal working hours.

4. Supervision of pharmaceutical services at PHC facilities

Every effort should be made to enable the Pharmacist's Assistant to visit the clinics and health centers that Keetmanshoop Hospital pharmacy supplies on a regular basis. This supervision is especially important because of the known problems experienced with stock control at the PHC facilities.

Transport goes to these facilities at least once a month to enable the District Coordinating Committee (DCC) to collect the revenue from the facilities. It is therefore recommended that even if a complete DCC supervision is not possible, least one or more members of the DCC should go out every month, using this transport. The PA can supervise the clinics and health centers using the available Clinic and Health Center Supervision Checklist.

Training must be provided to nurses during supervision visits to address problems noted with undersupply of medicines and inaccurate marking of items dispensed on patient passports.

5. Therapeutics Committee

There is an urgent need to reactivate the District TC. The meetings could be held early in the morning, so the PA can attend before opening the pharmacy window to serve outpatients. Also, the meetings should be kept brief and be action oriented, to ensure that they are an effective use

of all members' time. Consideration should be given to providing secretarial support to the PA in order to produce TC meeting minutes in a timely fashion.

6. Training

The PMO and Regional Pharmacist should pursue the possibility of seeking funding for enrolling the pharmacy work hand in the distance Pharmacist's Assistants training course.

7. Pharmacy orders from PHC facilities

The clinic order sheet used in Karas Region should be revised as described in this report to improve stock control in the PHC facilities.

8. Feedback to districts on pharmaceutical expenditures

The Regional Pharmacist, in collaboration with the Regional Finance Section, should provide monthly feedback to each district on pharmaceutical expenditures. This information is important to improve each district's awareness and accountability for its expenditure.

9. Computer facilities for the Regional Pharmacist

Funds should be urgently identified to procure a computer for the Regional Pharmacist in order for daily work to be carried out more efficiently. Currently, with no access to computer facilities, carrying out all the duties of a Regional Pharmacist, such as analysis of pharmaceutical expenditure and performance, is not practical. With the envisaged Pharmacy Management Information System and the availability of invoices from CMS in electronic format, access to computer facilities will soon be more essential than ever.

10. Provision of ART

Patients' response to the treatment and adherence should be closely monitored. It is recommended that the Patient Dispensing Record Form (Annex 1) be used as well as pill counts and patient self-evaluation to monitor adherence.

It is recommended that records of antiretroviral (ARV) drug consumption be kept using the ARV Monthly Report Form (Annex 2), because this information is critical in determining what quantities to order.

NEXT STEPS

- Keetmanshoop DCC and Karas RMT should implement changes recommended in this report.
- Follow up with CMS on the lack of vaccine monitor cards at health facilities.
- Discuss with Mr. ǂGaeseb (Acting DD, Pharmaceutical Services) the need for Regional Pharmacists to have ready access to computer facilities to enhance their work.
- Forward copies of Clinic, Hospital, and Regional Pharmaceutical Services Checklists to Regional Pharmacist.
- Forward copies of Terms of Reference for Hospital and Regional Therapeutics Committees to Regional Pharmacist.
- Contact Directorate: Special Programmes to request extra copies of the Guidelines for Anti-Retroviral Therapy for Karas Region.
- Provide counting trays and spatulas to the pharmacy.

ANNEX 1. ARV PATIENT DISPENSING RECORD

ARV Number:

Patient Record No. _____

Name:	**Date of Birth:**	**Sex: M F**	**ARV Start Date:**
Address:		**Tel:**	**Doctor:**
Supporter Name:		**Tel:**	**Relationship:**

Allergies:	**Social Drug Use:**	**Date Stopped**	**Medication History**	**Potential Interactions**	**Concomitant Disease(s)**
	Alcohol Y N				
	Nicotine Y N				
	Others				

ART Regime *(name dose and frequency)*	**Start Date**	**Stop Date**	**Reason for Stop**	**New Regime**	**Start Date**

Dispensing Record *(use abbreviation and strength for medication, e.g., d4T 30)*

Date	**Weight**	**Medication**	**Qty Issued**	**Adherence**	**Follow-up Date**	**Date**	**Weight**	**Medication**	**Qty Issued**	**Adherence**	**Follow-up Date**
Date	**Weight**	**Medication**	**Qty Issued**	**Adherence**	**Follow-up date**	**Date**	**Weight**	**Medication**	**Qty Issued**	**Adherence**	**Follow-up date**
Date	**Weight**	**Medication**	**Qty Issued**	**Adherence**	**Follow-up date**	**Date**	**Weight**	**Medication**	**Qty Issued**	**Adherence**	**Follow-up date**

ARV Patient Dispensing Record – Pharmacist's Notes

ARV Number:

Patient Record No. _____

Date	Notes	Intervention/Action	Date	Notes	Intervention/Action

ANNEX 2. MONTHLY REPORT ON ARV DRUGS CONSUMPTION

Monthly Report on ARV Drugs Consumption

Health Facility: **Month:** **Year:**

A. Patient Enrollment Information

1. Cumulative up to this month of this year

Description	Adults					Children	
	Male		Female				
	ART[1]	PEP	ART	PEP	MTC	ART	PEP
Enrolled							
Active							
Transfer out							
Deceased							
Stopped							
2. This month							
Started							
In-patient							
Outpatient							
Transfer in							
Avg. weight of starters							
Avg. age of starters							
Revisited							
Routine fill							
Substitute 1 medicine							
Switch regimen							
Dose decrease							
Dose Increase							

B. Patients & Drug Consumption Information

Drug Name	Number of Patients starting this month								Number of Patients cumm (ART)			Quantity consumed	
	Male		Female			Child							
	ART	PEP	ART	PEP	MTC	ART	PEP	MTC	Male	Female	Child	Month	Cumm
d4T 30mg/3TC 150mg													
D4T 40mg/3TC 150mg													
ZDV 300mg/3TC 150mg													
D4T 30 mg													
D4T 40 mg													
ZDV 300 mg													
3TC 150mg													
NVP 200 mg													
EFV 200 mg													
EFV 600 mg													
LPV133mg/rit33mg													
IDV 400mg													
TDF 300mg													
ddI 150mg													
3TC Syrup 50mg/5ml													
ZDV Syrup 50mg/5ml													
d4T syrup 1mg/ml													
NVP Syrup 50mg/5ml													
LPV80mg/rit20mg syrup													

Started by regimen	Male	Female	Children
d4T/3TC/NVP			
d4T/3TC/EFV			
d4T/3TC/LPV/r			
ZDV/3TC/NVP			
ZDV/3TC/EFV			
ZDV/3TC/LPV/r			
TDF/3TC/LPV/t			
ddI/d4T/LPV/r			

C. Comments, Problems and Support Requirements

[1] ART=Anti-retroviral Therapy; PEP=Post Exposure Prophylaxis; MTC=Mother To Child Transmission

ANNEX 3. HOSPITAL SUPERVISORY CHECKLIST - KEETMANSHOOP

NAME OF HEALTH FACILITY: ___ Keetmanshoop Hospital_____ DATE: 16/Dec/04

SUPERVISION CONDUCTED BY: ___ Jennie Lates_____ **Pharm. Assist/Pharmacist:** S.O. Eixas / Andy Anderson

A	Storage of Medicine	YES	NO	COMMENTS
1	Is the pharmacy and store area clean and tidy?	X		
2	Are all pharmaceuticals stored on shelves?	X		
3	Is the FEFO method being used for arrangement of stock on shelves?	X		
4	Are stock cards kept for:			
	4.1 medicines?	X		
	4.2 vacoliters?	X		
	4.3 vaccines and fridge items?	X		
	4.4 clinical supplies?	X		
5	Percentage of stock cards up to date? Check not less than 30 stock cards			Percentage correct = (Number correct x 100) / 30 = 63%
				Percent within 10% accurate = 80%
6	Is the pharmacy and store area air-conditioned?	X		
7	Is the temperature of the pharmacy monitored and recorded twice a day?		X	
8	Is the fridge clean and tidy?	X		
9	Are any nonpharmaceutical items (e.g., food) being kept in the fridge?		X	
10	Are all fridge items stored at the appropriate temperature?	X		
11	Is the temperature of the fridge monitored and recorded twice a day?		X	
12	Is a vaccine card monitor kept in the fridge?		X	
13	If not, why?			CMS does not supply
14	Are expired items recorded and kept separate from other stock?	X		
15	How are expired items disposed of?			Incinerated in Keetmanshoop

B	Dispensing	YES	NO	COMMENTS
1	Is the dispensing area clean and tidy?	X		
2	Is the necessary equipment (counting tray, etc.) present?			need more counting trays & spatulas
3	Are the pre-packed tablets correctly labeled?	X		
4	Is the necessary information added on dispensing?	X		
C	**Ordering and Receiving of Goods**			
1	Does the PA carry out a full stock take before ordering?	X		
2	Is the CMS order book forwarded on time?	X		
3	Does the PA enter the ordered quantities in the stock cards?		X	
4	Is the correct procedure followed when receiving the order?	X		
5	Does the PA inform the Regional Pharmacist of all discrepancies between the invoices and goods received?			Not all small discrepancies are reported
6	Are all telephonic orders done via the Regional Pharmacist?	X		
7	Are the delivery notes for all telephonic orders available?	X		
D	**Control of S and A class medicines**			
1	How is the use of S and A class drugs controlled?			Regional Pharmacist controls orders
2	Are any problems being encountered?		X	
E	Control of S5 and S7 medicines			
1	Are S7 drugs kept in separate locked cupboards?	X		
3	Is the key of the S7 cupboard kept by the PMO/Pharmacist?	X		By pharmacist when in town; advised PMO must keep key if
4	Does the PMO/Pharmacist record all issues and receipts of S7 drugs at the same time as issue/ receipt?	X		pharmacist is not available
5	Is the S7 register up to date and correct?		X	All items ok apart from methadone syr which was ~50ml different
F	**Emergency Pharmacy**			
1	Does the hospital have an emergency pharmacy?	X		
2	Where is it?			Casualty
3	Who controls the use of it?			Nurses
4	Is the key kept by the PA during working hours?		X	
5	How often is the emergency pharmacy restocked?			2 x per week
6	Is the PA called outside pharmacy hours to dispense medicines?	X		
7	If yes, how often does this happen?			6-8 times per week
8	If no, does another staff member have access to the pharmacy outside pharmacy hours? Who?			N/A

G	Ward stock control	YES	NO	COMMENTS
1	Do the wards order on stock sheets?	X		
2	How many times per week do they order?			2 x per week
3	Does the PA carry out ward checks?		X	No time
H	**Control of clinics use of pharmaceuticals**			
1	Do the clinics order once per month?		X	Town clinics 2 x week, others 1 x week
2	Do they place many telephonic/ interim orders?		X	
3	When ordering, do the nurses fill all rows in the order book?		X	Current order sheet has no place for stock on hand
4	Do the nurses try to prescribe AB, A or S class drugs?		X	
5	Does the PA regularly visit the clinics?		X	
I	**Therapeutic Committee Meeting**			
1	Are they being held?		X	PA has not enough time to run & not supported by MOs
J	**Miscellaneous**			
1	Is the following information available in the pharmacy:			
	1.1 Nemlist?	X		
	1.2 Standard treatment manual?		X	
	1.3 Guidelines (Malaria, STD, TB, ARI, CDD)?		X	
	1.4. SAMF or BNF or MIMS less then 3 years old?	X		
2	Is there a workhand to assist in the pharmacy?	X		
3	Is the PA included in DCC meetings?	X		
4	Do prescribers adhere to the Nemlist?	X		
5	Does the PhAss have any concerns with the prescribing habits of doctors or nurses?	X		Lack of diagnosis on Rx, in-patients don't always receive prescribed medicines, age/weight not on Paediatric Rxs
6	Have this been brought to the attention of the prescribers at the Therapeutics Committee meetings?		X	
7	Does the PhAss have any other concerns at all?		X	

ANNEX 4. REGIONAL SUPERVISORY CHECKLIST - KARAS REGION

December 16, 2004

Conducted by Jennie Lates, National Medicines Policy Co-ordination Sub-Division

A. Supervision of Pharmacist's Assistants

	District		
Insert Name of District →	Keetmanshoop	Luderitz	Karasburg
No. of visits in last 12 months	Base hospital	0 No transport available	0
Date of last visit	N/A	August 2003	August 2003
Supervision Checklist used?	N/A	No JL to supply copy for future use	No
Feedback given to DCC? In what format?	N/A	Full RMT supervision report	Full RMT supervision report
Problem areas identified	Shortage of staff and transport to do visits to district PHC facilities	Concerns over inappropriate prescribing habits, particularly for hypertension patients	Problems at Noerdover, poor stock control

B. Stock Control

1. Are all District Pharmacies using stock cards? Yes
2. Where stock cards are in place are they used regularly? Yes
3. How frequently are they filled? As items issued and received
4. Have stock cards been implemented in any/all clinics? Attempted to implement in all clinics but the nurses do not complete them.
5. How is the availability of key drugs in the region? Appears to be quite good.
6. What problems are being experienced? Transport is a problem to collect interim orders from CMS.

C. Expired Drugs

1. What are the districts doing with their expired drugs? All expired drugs from Luderitz and Karasburg are itemized and sent to Keetmanshoop hospital where they are incinerated.
2. How often do they destroy their expired drugs? Approximately 3 times a year

3. What records are kept of destroyed medicines? A book is kept of all expired medicines and marked when they are destroyed.

4. What action is being taken to minimize wastage due to expiry? Control of orders by Regional Pharmacist and re-distribution of near to expiry date supplies within the district.

5. What is the current wastage rate of pharmaceuticals? Wastage Rate = 0.36%

6. How often do districts return excess stock to the Regional Pharmacist? Districts phone Regional Pharmacist before trying to return excess stock. It does not happen very often.

D. Extra-Pharmacy Activities for Pharmacist's Assistants

1. In which districts do the Pharmacist's Assistants regularly visit the clinics? None due to shortage of transport

2. What action has been taken to ensure that all clinics are regularly supervised by a Pharmacist's Assistant? Need to fill vacant posts and ensure transport availability at each District.

3. Are any Pharmacist's Assistants supervising ward based pharmaceutical services? No, shortage of staff

E. Ordering Systems

1. Do all districts do a full stock take before each and every scheduled order? Yes

2. Do the districts forward their order books in sufficient time? Yes

3. Are all books checked by the Regional Pharmacist before being forwarded to CMS? Yes

4. What does the Regional Pharmacist check in the order books? Quantities compared to usage rates and possible excess stock that can be redistributed.

5. Are all interim orders authorized by the Regional Pharmacist? Yes the Regional Pharmacist is the only one authorized to place interim orders with CMS

6. What provisions are made when the Regional Pharmacist is not available? The PA in Keetmanshoop takes over in absence of Regional Pharmacist.

7. Do Pharmacist's Assistants provide data of all items received following interim orders, so that they can be tallied with the invoices? Not always, large discrepancies are noted but not minor ones.

8. Does the Regional Pharmacist receive all delivery notes from every district? No

F. Control of S and A Class Drugs

1. How is the use of S + A class drugs in the Region controlled? The Regional Pharmacist places orders.

2. Does the Regional Pharmacist monitor the usage? No specific system for monitoring usage.

G. Control of Expenditure

1. How often does the Regional Pharmacist check invoices for accuracy against details of items received by the districts? Not done due to time constraints.

2. What action is taken with discrepancies, either noted by Pharmacist's Assistant or Regional Pharmacist? If major then CMS is informed of discrepancy.

3. Is a copy made of all requests for credit and kept for checking against credit received? Not requesting credit currently.

4. What mechanisms are in place to control expenditure on pharmaceutical supplies? All invoices submitted to Regional Finance Office and tallied there.

5. Does the Regional Pharmacist monitor expenditure per district and for the region as a whole? Mainly concentrate on the regional expenditure as Keetmanshoop acts as mini-regional store supplying interim stocks to other 2 districts.

6. How often is expenditure feedback provided to the districts? Feedback is not currently given to districts on their expenditure. Regional Pharmacist advised that the region should give monthly feedback to districts on their pharmaceutical expenditure, to increase their awareness of expenditure and need for control.

H. Therapeutics Committees

1. Does each district have monthly therapeutics committee meetings? No, problem is that the PAs are alone in the pharmacy so do not have time to be secretary for the TC and also to attend meetings.

2. Does the region have an active Regional Therapeutics Committee? No, the RMT has no medical officer and so it is hard to have an active TC at the regional level.

I. Integration of the Regional Pharmacist within the RMT

1. Percentage of RMT management meetings attended by the Regional Pharmacist in the last 6 months? 100%

2. Does all correspondence from Regional Pharmacist to DCCs go through the RMT Chairperson? Yes

3. Are problems encountered in Pharmaceutical Services discussed with other members of the RMT? If so what forum is used? RMT meetings

4. Is Regional Pharmacist involved in all RMT common activities such as planning, economizing, etc.? Yes

General comments on integration of Regional Pharmacist within RMT and any problems experienced: The Regional Pharmacist is fully integrated within the RMT.